

Short Form 36-Item Health Survey (SF-36) Component of Multiple Sclerosis Quality of Life Inventory (MSQLI)

Availability:	<p>*The CDEs posted with this version of the SF-36 are specific to the Multiple Sclerosis Quality of Life Inventory (MSQLI). The National Institute of Health Neurological Disorder and Stroke (NINDS) received permission to post only the SF-36 version 1 questions that are used on the MSQLI*</p> <p>The original SF-36 (i.e., SF-36 v1) is freely available in public domain:</p> <p>PLEASE CLICK HERE FOR MORE INFORMATION</p> <p>Include both citations:</p> <p>Short Form 36 Health Survey (SF-36) is reproduced here (in its entirety) with permission from the RAND Corporation. Copyright © the RAND Corporation. RAND's permission to reproduce the survey is not an endorsement of the products, services, or other uses in which the survey appears or is applied.</p> <p>Hays, RD (1994). The Medical Outcomes Study (MOS) Measures of Patient Adherence. Retrieved April 19, 2004, from the RAND Corporation web site: PLEASE CLICK HERE FOR MORE INFORMATION</p> <p>The SF-36 v2 is separately validated and copyrighted from SF-36 v1. Licensing agreement information can be found on the QualityMetric website:</p> <p>PLEASE CLICK HERE FOR MORE INFORMATION.</p> <p>*CDEs will not be posted for the SF-36 v2 since the NINDS does not have permission to post the content of this version of the instrument.*</p> <p>The Medical Outcomes Trust (MOT), Health Assessment Lab (HAL) and Quality Metric Health Outcomes Solutions, co-copyright holders of all SF-36 v2, SF-12 v2 and SF-8 Health Surveys, have merged their licensing and user registration programs, with the objectives of simplifying licensing and user registration and better meeting the needs of the many new academic, commercial, and other licensees. Use of SF-36 v2 requires a signed license agreement.</p>
Classification:	Supplemental for all Diseases

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Short Description of Instrument:	<p>Construct measured: Health-related quality of life</p> <p>Generic vs. disease specific: Generic</p> <p>Means of administration: Interview or Self-Administered</p> <p>Intended respondent: Patient</p> <p># of items: 36</p> <p># of subscales and names of sub-scales: 8 – Physical Functioning, Role – Physical, Bodily Pain, General Health, Vitality, Social Functioning, Role-Emotional, Mental Health</p> <p># of items per sub-scale: Varies</p>
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Comments/Special instructions:	<p>Scoring: The scoring system for the SF-36 is relatively complex and generates subscale scores for physical functioning, role limitations due to physical problems, bodily pain, general health perceptions, vitality, social functioning, role-limitations due to emotional problems, and mental health. There is no single overall score for the SF-36, instead, It generates 8 subscales and two summary scores. Two summary scores can also be derived from the SF-36: the physical component summary and the mental component summary.</p> <p>Scoring corresponds to the use of the instrument. For SF-36 v1, scoring instructions are publically available from the Rand Corporation (PLEASE CLICK HERE FOR MORE INFORMATION)</p> <p>For assessment of multiple sclerosis, question order varies from the original version but content is included in the MSQLI and MSQOL-54 instruments with additional content that must be presented and scored to validate its use. Instructions and instruments for MS are publically available from the National Multiple Sclerosis Society (PLEASE CLICK HERE FOR MORE INFORMATION)</p>
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<p>Rationale/ Justification:</p>	<p>Strengths/ Weaknesses:</p> <p>The SF-36 is easy to administer, covers a broad range of domains of health-related quality of life, and is among the most widely used of such measures. Availability of population-based normative data makes the SF-36 useful for comparative purposes. The availability of several subscales may</p> <p>be useful to investigators interested in testing hypotheses concerning these different areas of function.</p> <p>Psychometric Properties: In an MS population, the Cronbach's alphas for the various subscales of the SF-36 range from .67 to .94. There is considerable evidence for the validity of the SF-36 in a variety of populations including MS. (Vickrey et al, 1995) In Vickrey's study, the physical functioning and role limitations due to physical problems subscales were the ones that best discriminated between MS patients and the normative U.S. population.</p> <p>data can be compared to the US normative population and across disease states. To keep the instrument brief, some health status concepts are missing, e.g. family functioning, sexual functioning, cognitive functioning, sleep disorders. Suitable for self-administration, computerized administration or administration by a trained interviewer in person or by telephone.</p> <p>Administration: Administration time is approximately 10 minutes. The SF-36 is a structured, self-report questionnaire that the patient can generally complete with little or no intervention from an interviewer. However, patients with visual or upper extremity impairments may need to have the SF-36 administered as an interview. Interviewers should be trained in basic interviewing skills and in the use of this instrument.</p>
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References:	<p>Hays, RD (1994). The Medical Outcomes Study (MOS) Measures of Patient Adherence. Retrieved April 19, 2004, from the RAND Corporation web site: PLEASE CLICK HERE FOR MORE INFORMATION</p> <p>McHorney CA, Ware JE, Raczek AE. The MOS 36-Item Short-Form Health Survey (SF-36®): II. psychometric and clinical tests of validity in measuring physical and mental health constructs. Med Care 1993; 31(3):247-63.</p> <p>Ware, J.E., Kosinski M. SF-36 Physical and Mental Health Summary Scales: A Manual for Users of Version 1, Second Edition. Lincoln, RI: QualityMetric Incorporated, 2001.</p> <p>Ware J.E., Kosinski M., Dewey J.E. How to Score Version Two of the SF-36 Health Survey. Lincoln, RI: Quality Metric, Incorporated, 2000.</p> <p>Ware JE, Kosinski M, Keller SK. SF-36® Physical and Mental Health Summary Scales: A User's Manual. Boston, MA: The Health Institute, 1994.</p> <p>Ware JE, Sherbourne CD. The MOS 36-Item Short-Form Health Survey (SF-36®): I. conceptual framework and item selection. Med Care 1992; 30(6):473-83.</p>
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References	<p>Stroke Specific:</p> <p>1Anderson C, Laubscher S, Burns R. Validation of the Short Form 36 (SF-36) health survey questionnaire among stroke patients. <i>Stroke</i> 1996;27(10):1812-6.</p> <p>2Hobart JC, Williams LS, Moran K, Thompson AJ. Quality of life measurement after stroke: uses and abuses of SF-36. <i>Stroke</i> 2002;33:1348-56. Reference in text</p> <p>3Lai SM, Perera S, Duncan PW, Bode R. Physical and social functioning after stroke: comparison of the Stroke Impact Scale and Short Form-36. <i>Stroke</i>. 2003;34:488–93.</p> <p>4O’Mahony PG, Rodgers H, Thomson RG, Dobson R, James OF. Is the SF-36 suitable for assessing health status of older stroke patients? <i>Age Ageing</i> 1998;27(1):19-22.</p> <p>5Williams LS. Health-related quality of life outcomes in stroke. <i>Neuroepidemiology</i>. 1998;17:116–120.</p> <p>Huntingtons Disease Specific:</p> <p>1Ho A. K., Robbins A. O. G., Walters S. J., Kaptoge S., Sahakian B. J. & Barker R. A. Health-related quality of life in Huntington’s disease: a comparison of two generic instruments SF-36 and SIP. (2004). <i>Movement Disorders</i> 19(11), pp. 1341-1348.</p>
References	<p>2Ho A. K., Stewart, A.S., Mason, S. L., Goodman, A. O. G. & Barker R. A. (2009). Health-related quality of life in Huntington’s disease: Which factors matter most? <i>Movement Disorders</i> 23(4):574-580.</p> <p>3Tabrizi SJ, Langbehn DR, Leavitt BR, et al. Biological and clinical manifestations of Huntington's disease in the longitudinal TRACK-HD study: cross-sectional analysis of baseline data. <i>Lancet Neurol</i>. Sep 2009;8(9):791-801.</p> <p>4Tabrizi SJ, Scahill RI, Durr A, et al. Biological and clinical changes in premanifest and early stage Huntington's disease in the TRACK-HD study: the 12-month longitudinal analysis. <i>Lancet Neurol</i>. Jan 2011;10(1):31-42.</p>